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FAX: (609) 896-1469

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NOTES/COMMENTS:

The following papers listed below are submitted for filing:

First Named Inventor: Sham Kumar Chopra, Appln No. 10/085,234, Filing Date: February 26, 2002

1. Transmittal (1p.)
2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1p.)
3. Power of Attorney and Correspondence Address Indication Form (1p.)

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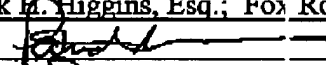
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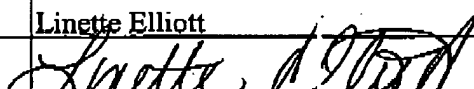
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/085,234	
	Filing Date	February 26, 2002	
	First Named Inventor	Sham Kumar Chopra	
	Art Unit	1779	
	Examiner Name	Thurman K. Page	
Total Number of Pages in This Submission	3	Attorney Docket Number	4769-102US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Patrick M. Higgins, Esq.; Fox Rothschild LLP		
Signature			
Date	09-17-2004		

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Friday, September 17, 2004 9:36 AM

Sham Chopra 9057903074

p.01

Attention: **Mr Patrick Higgins**

Date: 9/17/2004

Company: Fox Rothschild LLP

Number of Pages: 3

Fax Number: 16098961469

Voice Number: 16098967654

From: **Sham Chopra**

Company: Savit Consulting Inc.

Fax Number: 9057903074

Voice Number: 9057903074

Subject: Power of Attorney

Comments:

Patrick,
Per your request, I transmit herewith power of attorney forms duly signed by me.

Sham